

APPLICATION FORM
FACULTY DEVELOPMENT PROGRAMME
ON
AUTOMATION IN MANUFACTURING (AIM-2015)
(Under TEQIP-II)
04-15 MAY, 2015

1. Name:

2. Date of Birth:.....

3. Designation:

- Regular/Permanent
- Contractual/Guest faculty

4. Organisation/Institution

- DTU
- Other Institutes, specify
 - Degree level
 - Diploma level

.....
5. Qualification:

In the list box include M.Sc/M.Phil and others to specify

6. Experience(in Years): Teaching..... Industry Research

.....

7. Mailing Address:

.....

8. Mobile No.:

9. E-mail ID:

10. Accommodation Required: Yes / No

Declaration

The above information provided is true to the best of my knowledge. If, selected, I agree to abide by the rules and regulations of the course and shall attend the course for the entire duration. I also undertake the responsibility to inform the Coordinator in case, I am unable to attend the course.

Date:

Signature of applicant

Place:

Forwarded

Head of the Institution/Organization with seal